

FILED APR 1 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 8857
1207

| | | | | | | | |
|---|--|---|--|---|--|---|--|
| BIRTH NO. <u>14910-50</u> | | REG. DIST. NO. <u>149</u> | | PRIMARY REG. DIST. NO. <u>1002</u> | | Registrar's No. <u>1207</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> c. LENGTH OF STAY (In this place) <u>4 hrs.</u> d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Trinity Lutheran Hospital</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> d. STREET ADDRESS (If rural, give location) <u>1335 E. 32nd St. Terrace</u> | | | |
| 3. NAME OF DECEASED (Type or Print) <u>Unnamed</u> | | a. (First) <u>male</u> | | b. (Middle) <u>Mauton</u> | | c. (Last) <u>528</u> | |
| 4. DATE OF DEATH (Month) (Day) (Year) <u>3</u> <u>13</u> <u>50</u> | | 5. SEX <u>male</u> | | 6. COLOR OR RACE <u>white</u> | | 7. MARRIED (NEVER MARRIED, WIDOWED, DIVORCED, specify) <u>0</u> | |
| 8. DATE OF BIRTH <u>3-12-50</u> | | 9. AGE (In years last birthday) <u>4</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u> | | 11. BIRTHPLACE (State or foreign country) <u>Missouri</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | 13a. FATHER'S NAME <u>William Donald Mauton</u> | | 13b. MOTHER'S MAIDEN NAME <u>Marjorie Louise Hasenkamp</u> | | 14. NAME OF HUSBAND OR WIFE <u>—</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>none</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Mauton</u> | | ADDRESS <u>1335 E. 32nd St. Terrace</u> | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Crematinity</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>—</u> DUE TO (c) <u>—</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION <u>7/10/50</u> | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>—</u> | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>—</u> | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>—</u> | | 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>—</u> | |
| 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>—</u> | | 22. I hereby certify that I attended the deceased from <u>3-12-50</u> , 19 <u>50</u> , to <u>3-13-50</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>3-12-50</u> , 19 <u>50</u> , and that death occurred at <u>2:35 A</u> m., from the causes and on the date stated above. | | 23a. SIGNATURE <u>Fred J. Lowrey</u> (Degree or title) <u>—</u> | |
| 23b. ADDRESS <u>4032 Professional Bldg. N.E. Mo.</u> | | 23c. DATE SIGNED <u>3-13-50</u> | | 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>3-11-50</u> | |
| 24c. NAME OF CEMETERY OR CREMATORY <u>Calvary</u> | | 24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Mollody-McGilley-Eylar</u> | | ADDRESS <u>Kansas City, Mo.</u> | |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Max M. Kirkendall

Licensed Embalmer No. *4632*

P. O. Address..... *A. C. Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.